



SOUTH DAKOTA
DEPARTMENT OF HEALTH

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Division of Healthcare Access & Quality and Health
Protection

Health Protection

Licensure and Certification

Public Health Preparedness and Response

Rural Health

Facility: Marianne Riley
Three Rivers Mental Health and Counseling Center
11 East 4th Street, PO Box 447, Lemmon, SD 57638
Email: threerivers@sdplains.com
Eagle Butte, Faith, Bison, Lemmon, and McLaughlin – office sites survey

Survey Date: March 24, 2021

Surveyors: Craig Holden, Medical Facilities Engineer, SD DOH

Survey Type: Environmental Sanitation, Safety, and Fire Prevention
Accessibility

Code Standards: Administrative Rules of South Dakota – Mental Health
National Fire Protection Association Code 101 “Life Safety Code” 1997
Edition,
Chapters 1-7 inclusive and Chapter 27.

CC: Muriel J. Nelson, DSS

The purpose of this survey was to conduct an initial survey, evaluate the operation, and determine compliance with South Dakota Administrative Rules 67:62.

The following is a list of items that were found out of compliance with the above rules. Please provide a plan of correction, correction date, and quality assurance plan for the following noted deficiencies. We request that you provide this office with your plan of correction stating the completion date for the corrections, the corrective action you have taken, or the plan of correction that you intend to make. **The plan must be submitted to our office by May 7, 2021.** Please indicate staff position or titles, not personal names, in your plan of correction if/when you identify what staff position will be responsible for corrections or monitoring compliance. Please sign the plan of correction prior to returning. In lieu of mailing, you may scan and email your copy to the following: Muriel.nelson@state.sd.us, Heidi.gravett@state.sd.us and Craig.holden@state.sd.us .

If you have questions regarding the survey, please do not hesitate to contact the Department of Health.

#8 Spiel Addition, Eagle Butte – Business Occupancy

Life Safety

1. The fire extinguisher in the lobby had an inspection tag dated 2014 – this is a required annual inspection.

Date of correction: 3-30-2021

Plan of correction: Replaced with new fire extinguisher

Staff Position Responsible: Eagle Butte counselor

2. Also, fire extinguishers must be checked monthly for the following: the arrow in the pressure gauge must be in the green (full), the pin is in the handle and secured (usually with a plastic tie), and the extinguisher should be picked up and tipped upside down several times to keep the contents from settling in the cylinder. The tag must be initialed by the person checking the extinguisher and dated (day and month).

Date of correction: 3-30-2021

Plan of correction: Eagle Butte counselor will do monthly checks and initial tag.

Staff Position Responsible: Eagle Butte counselor

Sanitation

None

112 North 2nd Avenue, Faith (lower level of Community Clinic) – Business Occupancy

Life Safety

3. The east EXIT sign did not illuminate when tested (indicating a possible dead battery). Exit/emergency lighting should be tested monthly to verify functioning and documented.

Date of correction: 4-8-2021

Plan of correction: Emailed letter to Chris Lang who responded on 4-13-21 with a checklist that 2 lights need replaced.

Staff Position Responsible: Faith Clinic

4. The fire extinguishers (two total) must be checked monthly for the following: the arrow in the pressure gauge must be in the green (full), the pin is in the handle and secured (usually with a plastic tie), and the extinguisher should be picked up and tipped upside down several times to keep the contents from settling in the cylinder. The tag must be initialed by the person checking the extinguisher and dated (day and month).

Date of correction: 4-8-2021

Plan of correction: Emailed letter to Chris Lang who responded on 4-13-21 with a Fire Extinguisher monthly check list.

Staff Position Responsible: Faith Clinic

Sanitation

None

105 W. Main, Bison (Clinic) – Business Occupancy

Life Safety

5. The north EXIT sign emergency lights did not illuminate when tested (indicating a possible dead battery). Exit/emergency lighting should be tested monthly to verify functioning and documented.

Date of correction: 4-8-21

Plan of correction: Mailed letter to Horizon Health Care - Bison stating items out of compliance.

Staff Position Responsible: Horizon Health Care - Bison

6. The fire extinguisher must be checked monthly for the following: the arrow in the pressure gauge must be in the green (full), the pin is in the handle and secured (usually with a plastic tie), and the extinguisher should be picked up and tipped upside down several times to keep the contents from settling in the cylinder. The tag must be initialed by the person checking the extinguisher and dated (day and month).

Date of correction: 4-8-21

Plan of correction: Mailed letter to Horizon Health Care - Bison stating items out of compliance.

Staff Position Responsible: Horizon Health Care - Bison

Sanitation

None

11 East 4th Street- Lemmon (main office) – Business Occupancy

Life Safety

7. One of the four emergency lights in the hallway did not illuminate when tested (indicating a possible dead battery). Exit/emergency lighting should be tested monthly to verify functioning and documented.

Date of correction: 3-25-21

Plan of correction: Replaced light and will test monthly.

Staff Position Responsible: Office Manager

8. The fire extinguisher must be checked monthly for the following: the arrow in the pressure gauge must be in the green (full), the pin is in the handle and secured (usually with a plastic tie), and the extinguisher should be picked up and tipped upside down several times to keep the contents from settling in the cylinder. The tag must be initialed by the person checking the extinguisher and dated (day and month).

Date of correction: 3-30-21

Plan of correction: Monthly Checks

Staff Position Responsible: Office Manager

Sanitation:

None

305 2nd Avenue West, McLaughlin (lower level of former hospital building) – Business Occupancy

Life Safety

9. The north EXIT door to the stair enclosure (one of two marked exits from the lower level) was locked with a keyed deadbolt. This door should be unlocked and available for emergency use during business hours (and a sign posted at the door stating that it would be unlocked during business hours).

Date of correction: 4-8-21

Plan of correction: Mailed letter stating items out of compliance to Char Moser (McLaughlin Hospital District).

Staff Position Responsible: McLaughlin Hospital District

10. All three emergency lights in the lower level corridor were not functioning on battery back-up when tested. Review of the previous survey indicated this condition existed at that time as well (9/27/17). Exit/emergency lighting should be tested monthly to verify functioning and documented. I would recommend staff at least have a flashlight in their office should a power failure occur (no windows in the lower level).

Date of correction: 4-8-21

Plan of correction: Mailed letter stating items out of compliance to Char Moser (McLaughlin Hospital District).

Staff Position Responsible: McLaughlin Hospital District

11. The fire extinguisher must be checked monthly for the following: the arrow in the pressure gauge must be in the green (full), the pin is in the handle and secured (usually with a plastic tie), and the extinguisher should be picked up and tipped upside down several times to keep the contents from settling in the cylinder. The tag must be initialed by the person checking the extinguisher and dated (day and month).

Date of correction: 4-8-21

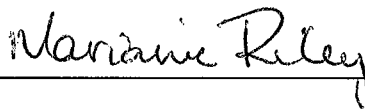
Plan of correction: Mailed letter stating items out of compliance to Char Moser (McLaughlin Hospital District).

Staff Position Responsible: McLaughlin Hospital District

Sanitation

None

Agency Signature: Marianne Riley



Date: 5/3/2021